|). ATE: 11-11- | 99 FROM: | EDWIN C. HOLLOWAY III | (print name) |
|---|---|-----------------------|--------------|
| | REASON(S): | PRIMARY EXAMINER | |
| ODWARD TO: | A. You had Parent | (check box) | |
| CORWARD TO: A. Art Unit: 2731 | | (check box) | |
| 3. Class: 370 | C. See Abstract | (check box) | |
| Subclass: <u>359</u> | D. See Claim(s): | 1,23 | |
| URTHER EXPLANATION | IF NEEDED: (Laims int | Perface for 370 | /359 |
| Of Bus switch | for 370/362, c | | |
| DATE: | FROM: | | (print name) |
| | REASON(S): | | |
| FORWARD TO: | A. You had Parent | (check box) | |
| A. Art Unit: | B. See Title | (check box) | |
| B. Class: | C. See Abstract | (check box) | |
| C Subclass: | D. See Claim(s): | | |
| FURTHER EXPLANATION | I IF NEEDED: | | |
| FURTHER EXPLANATION | | | (print name) |
| DATE: | FROM: | | (print name) |
| DATE: | FROM: REASON(S): | (check box) | (print name) |
| | FROM: REASON(S): A. You had Parent | (check box) | (print name) |
| DATE: | FROM: REASON(S): | | (print name) |
| DATE: | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract | (check bax) | (print name) |
| DATE: FORWARD TO CLASSIFI | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (check bax) | (print name) |
| DATE: | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (check bax) | (print name) |
| DATE: FORWARD TO CLASSIFI | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (check bax) | (print name) |
| DATE: FORWARD TO CLASSIFI | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (check bax) | (print name) |
| DATE: FORWARD TO CLASSIFI | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): N IF NEEDED: | (check bax) | (print name) |
| DATE: FORWARD TO CLASSIFING FURTHER EXPLANATION DISPOSITION BY 270 | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): N IF NEEDED: | (check bax) | (print name) |
| DATE: FORWARD TO CLASSIFIE FURTHER EXPLANATION | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): N IF NEEDED: OO CLASSIFICATION CLASSIFIER: | (check bax) | (print name) |
| DATE: FORWARD TO CLASSIFIE FURTHER EXPLANATION DISPOSITION BY 270 DATE: | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): N IF NEEDED: | (check bax) | |
| DATE: FORWARD TO CLASSIFING FURTHER EXPLANATION DISPOSITION BY 270 | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): N IF NEEDED: O CLASSIFICATION CLASSIFIER: REASON(S): | (check box) | |
| DATE: FORWARD TO CLASSIFING FURTHER EXPLANATION DISPOSITION BY 270 DATE: FORWARD TO: | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): N IF NEEDED: OO CLASSIFICATION CLASSIFIER: REASON(S): A. You had Parent | (check box) | |

FURTHER EXPLANATION IF NEEDED: